

Kentucky Teachers' Retirement System
479 Versailles Road
Frankfort, Kentucky 40601-3800
PH: (502) 848-8500 FAX: (502) 573-0199

Member is to complete items A through F

B. Recipient's Social Security Number

D. Recipient's Telephone Number
()

Place an "X" in this box if this is the address to which you want all future KTRS (except regular monthly annuities) correspondence mailed.

Enter "C" if Checking Account
or "S" for Savings Account

Depositor
Account Number

F. (Signature of recipient) _____ on the _____ day of _____, 20 _____, authorize and request KTRS to direct the net amount of the above monthly annuity to my account indicated at the financial institution designated in Section III

G. Member's Name (Person who contributed to the system)

H. Member's Social Security Number

J. Telephone Number of Parent, Guardian, Power of Attorney, etc. ()

We, the below designated financial institution, hereby agree to receive and accept full responsibility for depositing monthly annuity checks to the account number shown for the above named recipient. We understand that in the event of death of the above named recipient, we are to notify Kentucky Teachers' Retirement System.

Check Digit

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9

Depositor Account Title

Branch Designation if applicable

Name and Address of Financial Institution

Date of Signature

Type and Number of Depositor Account to be Credited

Enter "C" if Checking Account
or "S" for Savings Account

Depositor
Account
Number

as to be coded for EFT*

Telephone Number

Name of Financial Institution Officer

Title

Signature of Financial Institution Officer

INSTRUCTIONS

IMPORTANT - This form is to be used **ONLY** for retirement annuity payments.

If you wish your monthly annuity to be sent to your financial institution for deposit to your savings or checking account, both you and the financial institution must complete this form to authorize this action. The financial institution may be any bank, savings and loan association, or similar institution. If you do not have an account with one of these institutions and wish on, contact the financial institution of your choice.

**THIS FORM ONLY AUTHORIZES DEPOSITS INTO YOUR ACCOUNT.
IT DOES NOT AUTHORIZE WITHDRAWALS FROM YOUR ACCOUNT!**

RECIPIENT FORM COMPLETION INSTRUCTIONS

SECTION I

Retired Members need only to complete section I

- ITEM A Print the name of the person to whom the payment is made. Do not put the name of parent, guardian, power of attorney, etc. in this area.
- ITEM B Print the Social Security number of the recipient who is receiving the monthly annuity.
- ITEM C Print the mailing address of the recipient named in Item A. Provide a complete mailing address including zip code. If an "X" is placed in the box, we will change your home address in our records to the address on this form.
- ITEM D Print the telephone number of the recipient named in Item A.
- ITEM E Show the type of account and the deposit account number for the account in which the payment is to be deposited. If you do not know your account number, it may be obtained from your financial institution.
- ITEM F The recipient or person designated in Item A must sign and date this form.

SECTION II

Items G, H, I, and J, are to be completed for survivor accounts, beneficiary accounts, and accounts handled by guardians, power of attorney, etc.

- ITEM G Print the name of the member who actually worked and contributed to the Kentucky Teachers' Retirement System (KTRS).
- ITEM H Print the Social Security Number of the member who actually worked and contributed to KTRS.
- ITEM I Print the name of the surviving parent, guardian, power of attorney, etc.
- ITEM J Print the telephone number of the person named in Item I.

SECTION III

After completing the Section I (& Section II if necessary), you will need to **take this form to your financial institution for completion of Section III**. Keep a copy for yourself and forward the original copy to KTRS.

NOTICE:

IT MAY TAKE APPROXIMATELY TWO (2) MONTHS FOR YOUR MONTHLY RETIREMENT ANNUITY TO BE DEPOSITED DIRECTLY INTO YOUR ACCOUNT AFTER KTRS HAS RECEIVED THIS FORM